

When completing electronically, click on each field to be filled in.

SEND TO SDR PER CONTRACT PRIOR TO A/P SUBMITTAL.

1.

Legal Name (First Name, M.I., Last Name)

Social Security No. or Employer ID No.

Tax Reporting Name and Identification Number (per W-9 form)

Remit to Address

Name of Principal Sandia Contact

Soc. Sec. No.

Org.

MS

Phone No.

2.

For expenses from thru

3.

Employment Interview

Contract No.

No Fee Service Agreement

(Attach Invitation Letter)

Hourly Fee Negotiated

(Attach copy of form)

4.

Supplemental Voucher

5.

DATES

TOTALS

6.

TRAVEL

from to

TOTAL Hrs.

7.

TRAVEL TIME

8.

HOURS WORKED

9.

TOTAL HOURS

10.

TOTAL AMOUNT OF PAYMENT FOR TIME WORKED

A

TRANSPORTATION EXPENSES

*11.

CARRIER FARE

*12.

RENTAL CAR

*13.

RENTAL CAR GAS

*14.

PARKING

*15.

TAXI/SHUTTLE/BUS

*16.

TOLLS

*17.

OTHER TRANSPORT*

18.

PERS. CAR MILES/COST*

19.

TOTAL (11...18)

B

LODGING, MEALS, AND INCIDENTAL EXPENSES (Do not include Lodging Tax)

*20.

LODGING

*21.

BREAKFAST

*22.

LUNCH

*23.

DINNER

24.

TIPS

*25.

OTHER INCIDENTALS*

26.

TOTAL (20...25)

27.

PER DIEM

28.

LESSER OF 26 or 27

C

OTHER BUSINESS EXPENSES

*29.

LODGING TAX

*30.

31.

TOTAL (29...30)

D

32.

*EXPLANATION OF TRAVEL AND OTHER BUSINESS EXPENSES

ANALYSIS OF BALANCE

E. Net Nonemployee Expense

(A+B+C+D)

F. Less Funds Advance/Tickets

G. Nonemployee Expense to be Reimbursed (E - F)

COST DISTRIBUTION

